



# CAMP ECHO BRIDGE

## Counselor in Training Leadership Initiative Registration – 2015



Name \_\_\_\_\_ School \_\_\_\_\_ Fall '14 Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent(s) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Family Email: \_\_\_\_\_

**T SHIRT SIZE:** Youth Large \_\_\_\_\_ Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult X-Large \_\_\_\_\_

**If your CIT takes any medication that needs to be administered at day camp or has other health precautions please check below:**

Daily Medication: \_\_\_\_\_ Inhaler: \_\_\_\_\_ Epi Pen: \_\_\_\_\_ Allergic to: \_\_\_\_\_  
Other health precautions: \_\_\_\_\_

**DATES** Program runs from 8:30 AM to 3:30 PM at Mason-Rice Elementary School

**First Year CIT's** – Check the 2-week session that you wish to attend.

Session 1: July 6 – July 17 \_\_\_\_\_

Session 2: July 27 – August 7 \_\_\_\_\_

**Returning CIT's** – Check the 3-week session that you wish to attend.

Session 1: June 29 – July 17 \_\_\_\_\_

Session 2: July 20 – August 7 \_\_\_\_\_

**CIT Residential Camping Week** August 10 – August 14 \_\_\_\_\_\*

\*Eligibility is based on the CIT's day camp experience and space. Payment for this trip is not due until August.

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**TUITION** Residents - \$275.00 per session Non Residents - \$300.00 per session

- **A \$25.00 late fee will be assessed for all registrations and payments received after May 15, 2014**

### TOTALS

**Session Fee + Additional Week (if applicable)** \$ \_\_\_\_\_

Plus Late Fee (if applicable)

**\$60.00 (PER SESSION) NON-REFUNDABLE deposit due with registration:** \$ \_\_\_\_\_

Note: The \$60.00 per session deposit will be deducted from the total due.

Check/Cash/Credit Card

**Balance Due by 5/15/15:** \$ \_\_\_\_\_

Please return this form (filled out front and back) with your deposit, made payable to City of Newton.

Mail registration, checks and forms back to Newton Parks & Recreation Department, Attn: Camp Echo Bridge, 124 Vernon Street, Newton, MA 02458

## Camp Echo Bridge Counselor in Training Program Medical Release Form - 2015

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_. However, if I cannot be reached, I hereby authorize the Counselor in Training Program to transport my child to the Newton Wellesley Hospital, or \_\_\_\_\_ Hospital for day camp and New Milford Hospital for overnight camp, via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Counselor in Training Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*

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## Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Camp Echo Bridge Counselor in Training Program

I/We, the undersigned parent(s), or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in, and field trips with the Counselor in Training Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Counselor in Training Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Counselor in Training Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Counselor in Training Program.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

**THIS FORM MAY NOT BE ALTERED**

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## Counselor in Training Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of \_\_\_\_\_ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Counselor in Training Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Counselor in Training Program.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*